CORPORATION ANNUAL REPORT



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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000054219 1. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90169 026 ***150.00

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| | | - | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | |) i fülltifütt bill iffein melbir bitter m | Aris Amies e bimi | | 11414.3511.1881 | • |
| 4451-K JOHN RHODES BLVD. 4451-K JOHN RHODES BLVD | | | | | | | | | | |
| MELBOURNE FL 32935 MELBOURNE FL 32935 | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |] |
| 1 | | | | | | 07/20/1994 | | | | - |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Ap | plied For |] |
| <u></u> | 26 | | | | | 59-3251881 | | No | t Applicable |] |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | \$8.75 | | 1 |
| 27 | | | | | | | | Fee Re | | ┨ |
| City & State City & State | | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | | |
| 23 | 28 Country - Zip - Zip | | | | | 8. This corporation owes the cur | rent wear lift | | | |
| Zip | [25] | 29 30 | Count | ., | | Personal Property Tax. | i prin year ille | Yes | □No | |
| 24 | 9. Name and Address of Current | | <u>'</u> | | | 10. Name and Address of New | Registered | Agent | | 1 |
| 3. Hallis and Austral of Odinant Trajlarator Agent | | | | 1 Name | T. 10 | n Possrio | | | | |
| ROBLES, RENE | | | 8 | 2 Street | Juan Rosario Stroet address (P.O. Box Number is Not Acceptable) | | | | | |
|] | -K JOHN RHODES BLVD. | | ١ | - 30000 | 170 | is (P.O. Box Number is Not Accept 03 Thrush Dr | | | | |
| MEL | BOURNE FL 32935 | | 8 | | | | | | | |
| | | | 8 | 4 City | | | | 85 Zip (| Code | ĺ |
| } | _ | | 1 | 1 | Me] | bourne | FL | . 1 1329 | 935 | l |
| 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fapriliar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | registered gistered | | |
| agent. I a | m fapriliar with, and accept the obligation | ons of, Section 607.0505, Florida | Statute |) and do. p. | | | · | _ | - | |
| SIGNATURE | allen All Essa | WW DRESI | đР. | υt | | March | 18-9 | 79 | | _ |
| 12. | OFFICERS AND | Ind this if applicable / (NOTE: Res | 13. | aux sidesone | Wednesd a | ADDITIONS/CHANGES TO OF | | | RS IN 12 | CR2E034 (11/98) |
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| NAME | ROBLES, RENE | | 1.2 NAM | Ē | } | | | | | Z |
| STREET ADDRESS | 3318 MEADOWRIDGE DR | | 1.3 STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | MELBOURNE FL 32901 | | | ST-ZIP | | | | | | K |
| TITLE | ST | DELETE . 2.1 TI | | | | esident | • . | Change | Addition | 0 |
| NAME | ROSARIO, JUAN | 22 N | | | Juan Rosario | | | |] | |
| STREET ADDRESS | | | | | | 3 Thrush Dr | | | | l |
| CITY-ST-ZIP | | | | | | <u>bourne FL- 32935</u> | | [] Change | | |
| TITLE | | | 3.1 TTLE | | | | | | | 1 |
| NAME | | | 3.2 NAME | : Et adoress | 1 | | : | | | 1 |
| STREET ADORESS | | <u> </u> | 3.4. CITY | | L. | | | | | |
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| NAME | | | 62NAME | | J | | | | ļ | |
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14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.